PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10010929-1

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(Column 1)		(Column 2)		ſ	RATE FEE		OR		
			17					RATE		1	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	/1 min	us 20=	* -			X\$ 9=		OR	X\$18=	
⊪	DEPENDENT CL			nus 3 =	*			X42=		OR	X84=	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ss than zero, enter "0" in column 2			Ľ.	TOTAL		OR	TOTAL	740
Claims as amended - Part II								000011	-012127		OTHER	
		(Column 1)	1	(Colui		(Column 3)	1 6	SMALL			SMALL	
AWENDWENT A	a de la contra	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOM	Total	#	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CLAIM	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							<u>.</u>	TOTAL ADDIT. FEE	 	OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										ADDIT. I EL	
Ø		CLAIMS REMAINING	SE 133	HIGH NUM	IEST			RATE	ADDI- TIONAL FEE			ADDI-
AMENDMENT		AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESENT EXTRA					RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
A PA	Independent	*	Minus	***		<u> </u>		X42=	0	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎┟					
								+140=		OR	+280=	
							A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AWENDWENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CLAIM	[=		X42=		OR	X84=	
 	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL ADDIT. FEE	
***	If the "Highest Nu		aid For" IN THI	S SPACE	is less tha	n 3, enter "3."	ſ		ropriate box			